

Food Allergies

What Do I Need to Know in 2025?

Juan Carlos Murillo, MD, FACAAI, FAAAAI

Allergy, Asthma, and Clinical Immunology Specialist

Assistant Professor | Herbert Wertheim College of Medicine | Florida International University

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Lucy and Food Allergies



She has lived with multiple food allergies for most of her life, including allergies to shellfish, blueberries, and black pepper.

 **Eating out has always been a challenge,** whether at home or during her studies in Italy and Madrid.

 *Sharing her story has taught her the power of empathy.*

She wants to raise awareness and support those facing similar challenges.



Dr. Juan Carlos Murillo, MD, FAAAAI, FAAAAI Specialist in Allergy, Asthma, and Clinical Immunology Miami, Florida



Passionate Educator and Mentor

Assistant Professor at Florida International University (FIU) and the University of Florida, dedicated to training the next generation of physicians and mentors.



Deeply Rooted in Global Experience

Originally from Venezuela, Dr. Murillo earned his medical degree from the University of Los Andes.



Committed to Care and Innovation

Recognized for his compassionate patient care and leadership in advancing allergy and immunology.

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By the end of this presentation, you will be able to:

- Define what a food allergy is
- Understand the **severity** and associated risks
- Recognize **symptoms and patterns of presentation**
- Learn how **diagnosis** is performed
- Identify **treatment** options
- Understand the importance of having an **emergency action plan**
- Become familiar with **updates** on food allergy management in **2025**

What is a food allergy?

What is a food allergy?

- Food allergies can be categorized into two general types: those **mediated by immunoglobulin E (IgE)** and those not mediated by IgE.
- IgE-mediated reactions typically have a rapid onset, with clinical symptoms generally developing within minutes to a few hours after ingestion.
- **Many more people believe they have food allergies than actually do.**

Listening to your experience

Do you or does someone in your family have a food allergy?

- A. Yes
- B. No
- C. Not sure



Who is affected?

- It is present in **1 in every 13 school-aged children** and **1 in every 10 adults** in the United States.
- Prevalence has increased in recent decades, especially in industrialized countries.

Food allergies in Latin America: General overview

Mexico:

- Preschoolers: 5.3% diagnosed
- Anaphylaxis: 1.1%
- Triggers: *milk, strawberry, egg, soy*

El Salvador:

- School-aged children: 5.7% diagnosed
- Anaphylaxis: 2.5%
- Triggers: *milk, shrimp, chili, chocolate, nuts*

Colombia:

- Positive challenge tests: 5.6%
- Triggers: *cow's milk, shrimp, legumes*

Young adults (Mexico):

- Self-reported suspicion: 5.9%
- Triggers: *fruits and seafood*

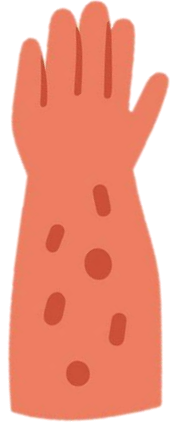
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Olaya-Hernández M, et al. Food Allergy Spectrum in the Tropic: Clinical and Epidemiological Profiles in a Colombian Hospital. A Cross-Sectional Study. *Frontiers in Immunology*. 2023;14:1291275.
Leung AS, Wong GW. Prevention of Food Allergy: Harmonizing Perspectives From the East and West. *Annals of Nutrition & Metabolism*. 2025;:1-14.

What happens in the body during an allergic reaction to food?

- A person with a food allergy has an **immune system that overreacts** to certain proteins found in food.
- The body **identifies these proteins as dangerous**, even though they are not.
- In response, it **produces antibodies (immunoglobulin E – IgE)** specific to that food.
- This reaction triggers a series of symptoms that are **reproducible** every time the food is consumed.

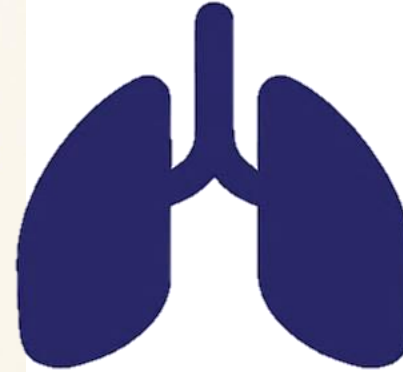


Piel

ronchas
(urticaria)
picazón
enrojecimiento
hinchazón
de ojos o labios

Respiratorios

dificultad para
respirar, tos,
sibilancias
hinchazón
de garganta



Digestivos

náuseas
vómito
dolor abdominal
diarrea

Cardiovasculares

pulso acelerado
presión baja
mareos
pérdida del
conocimiento



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How severe can a food allergy be?

Espectro de reacciones alérgicas

LEVE

SEVERO

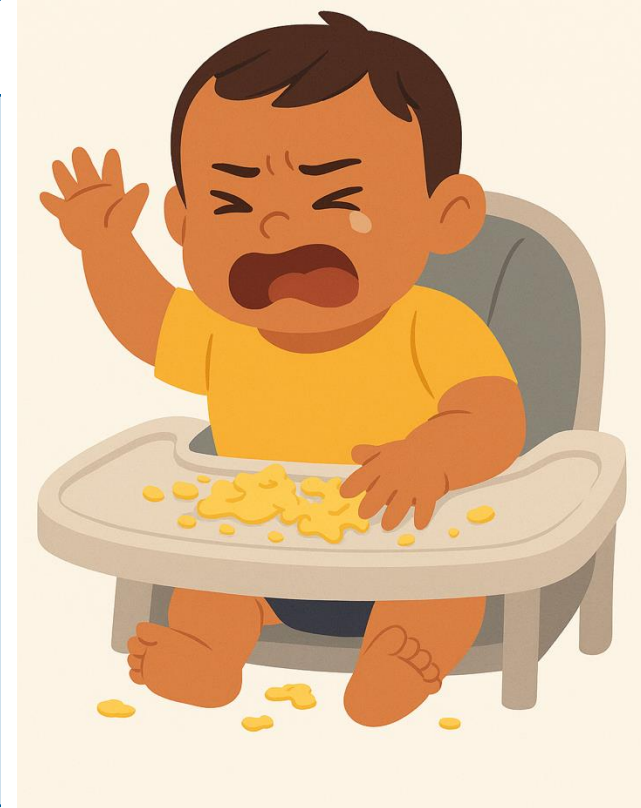
Síntomas leves

Síntomas graves

How to recognize an allergic reaction?

General symptoms

- Behavioral changes
- No longer wants to eat
- Irritability or inconsolable crying
- Withdrawn or overly clingy
- Drowsiness or unusual fatigue
- Lack of interest in playing
- Descriptions such as “my mouth is itchy,” “the food is spicy,” “something feels weird in my mouth” (in children)



How to recognize an allergic reaction?

Skin and mucosal symptoms

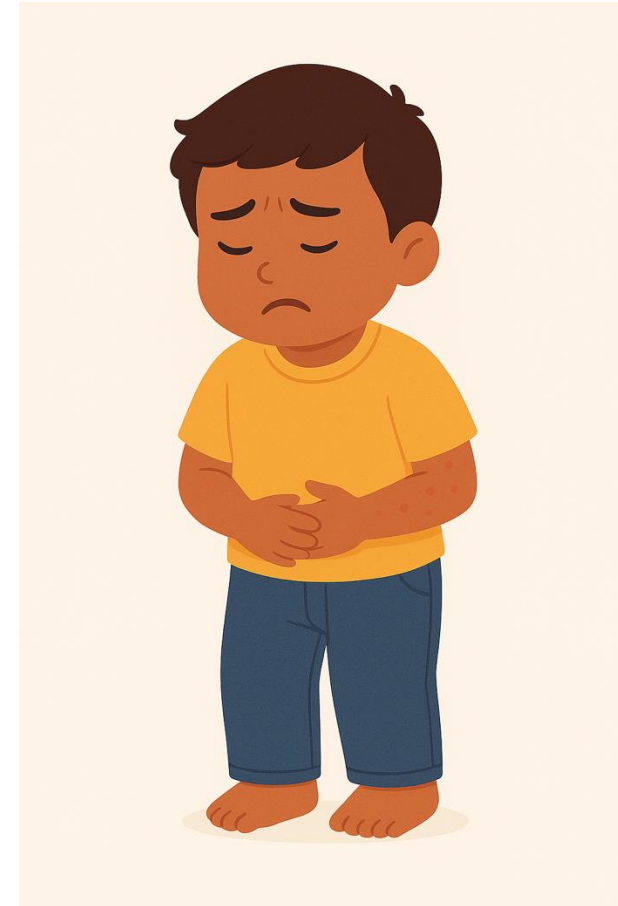
- Itching or tingling
- Pulling or pushing the tongue
- Licking lips, hands, or objects
- Itchy throat
- Pulling at ears, scratching
- Rubbing eyes



How to recognize an allergic reaction?

Gastrointestinal symptoms

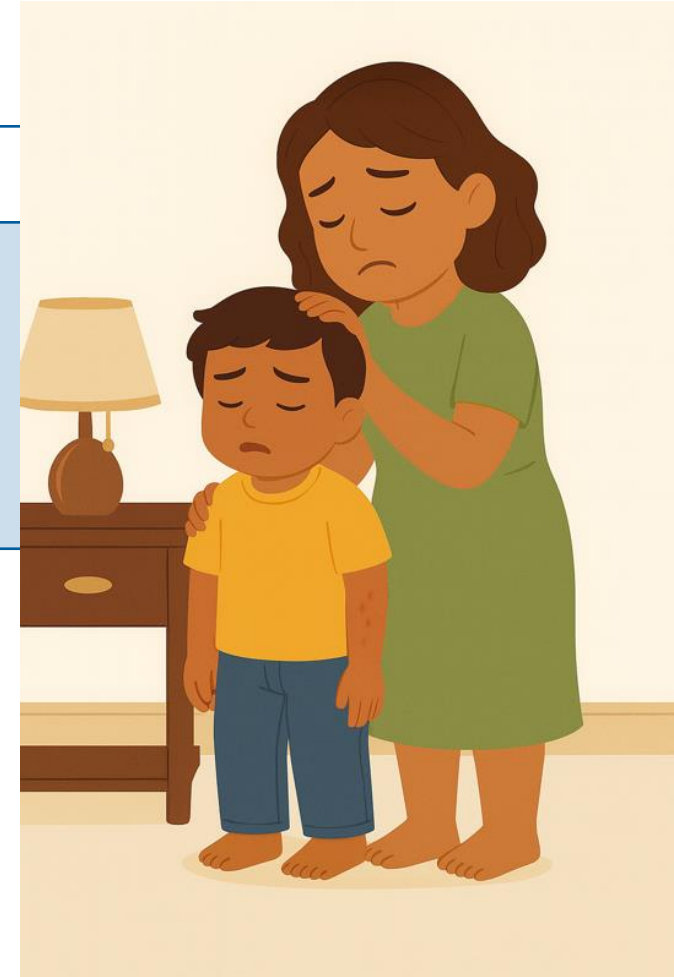
- Stomachache
- Hiccups
- Spitting
- Arching the back (*nausea*)
- Vomiting
- Diarrhea



How to recognize an allergic reaction?

Severe symptoms:

- Appears wobbly
- Appears weak or limp
- Drowsy or hard to wake
- Shock or syncope (fainting)



Understanding anaphylaxis

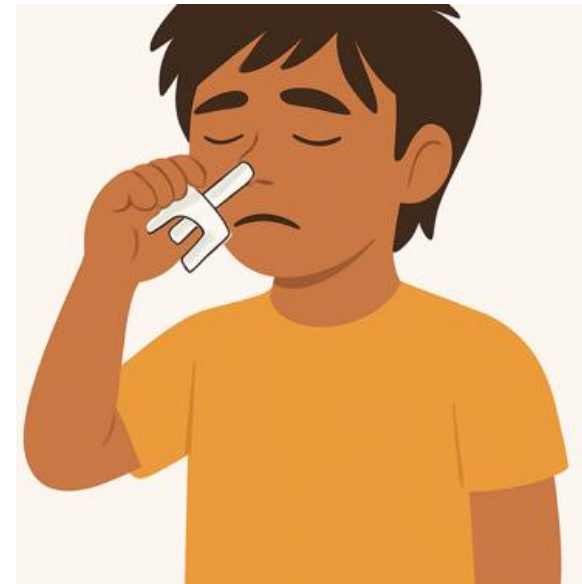
- **Anaphylaxis** is a **serious allergic reaction** that can progress rapidly and become a **potentially life-threatening** emergency
- It is triggered by ingesting a substance to which the person is allergic
- The immune system **overreacts**
- Symptoms affect **multiple body systems**: skin, heart, digestive tract, and airways
- It is a **medical emergency** that can lead to death in under **30 minutes**

Epinephrine: Your best defense

- **Epinephrine** is the **only medication** that can reverse the symptoms
- Use **epinephrine first and as quickly as possible**



Intramuscular Epinephrine



Intranasal Epinephrine



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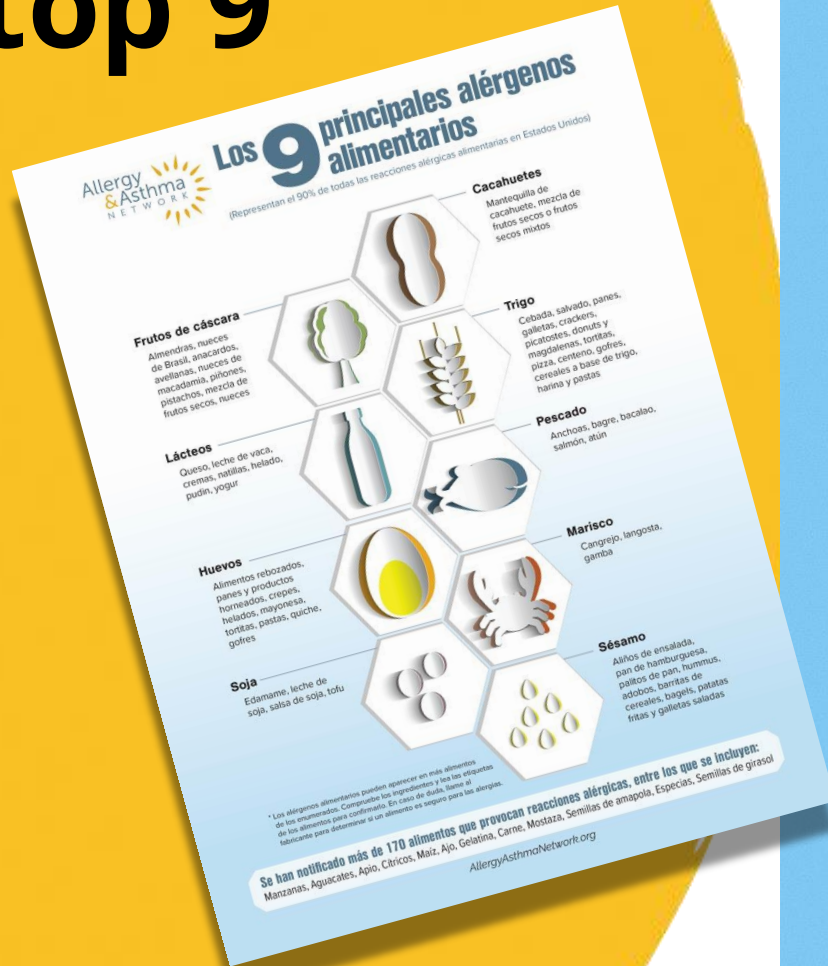
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Use epinephrine first and as quickly as possible

- It must be carried **at all times**
- It should be **protected from extreme temperatures**
- No other medication can save a life during a severe reaction
- **Do not rely on antihistamines** (*"allergy meds"*) **or steroids** in an emergency.

What are the most common food allergies?

The top 9



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The reaction is over... now what?

Seek specialized care:

- Identify the **trigger food**
- See an **allergist** for a full evaluation
- Get or update your **emergency action plan**

Planning ahead:

- Make sure you have two **epinephrine** devices and that **everyone knows how to use them**
- Inform your school, workplace, social circle, and family about your allergy
- Learn to **read labels** and ask about ingredients

The reaction is over... now what?

Emotional well-being:

- It's normal to feel **fear or anxiety** after an allergic reaction
- Talk to a mental health professional or join a support network

Listening to your experience

What's the hardest part about living with food allergies?

- A. Knowing which foods are safe
- B. Getting tested or seeing a doctor
- C. Buying special foods or medications
- D. People don't believe **it's serious**
- E. Something else



Socio-demographic characteristics and social determinants of health

- **Most studies on the psychosocial impact of food allergies (FA)** have focused on White patients with higher education and income levels.

Recent research shows that:

- African American or Black and Hispanic children with FA tend to experience **higher anxiety** and fear of rejection compared to children without FA.
- **Bullying at school related to FA** happens to children from all backgrounds. Still, African American or Black children face more bullying unrelated to FA as well as greater levels of worry



Socio-demographic characteristics and social determinants of health

Healthcare access disparities:

- Children from racial minorities and low-income families experience **more anaphylaxis episodes** and **visit emergency rooms more frequently**.
- They also receive **fewer epinephrine prescriptions** filled at pharmacies, have **less follow-up** with allergy specialists, and **shorter periods** of continuous medical care.

How are food allergies diagnosed?

Diagnosis of food allergies

- **Clinical assessment:**

- Detailed medical history**

- Symptoms
 - Timing of the reaction
 - Suspected food
 - Preparation or cooking method
 - Treatment
 - **Reproducibility of symptoms**

Diagnosis of food allergies

Diagnostic tests:

- **Skin tests:** Detect immediate skin reactions to specific foods



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Diagnosis of food allergies

Diagnostic tests:

- **Blood tests (specific IgE)**
 - Measure antibodies in the blood



Oral food challenge:

- The patient eats the suspected food under close medical supervision in the allergist's office

Difference between allergy and intolerance

Food allergy

- An **immune system response** (IgE or non-IgE)
- Reaction occurs **immediately or within minutes** after eating
- **Even a tiny amount** of the food can trigger a severe reaction
- Can affect **multiple organs**: skin, airways, cardiovascular system, digestive system
- Can be **life-threatening (anaphylaxis)**
- Usually requires urgent medical treatment (**epinephrine**)



Food intolerance

- A **non-immune**, usually **metabolic** reaction
- Symptoms develop **gradually**
- Reaction severity **depends on how much food is eaten**
- Mostly limited to **digestive issues** (gas, indigestion, diarrhea)
- Not life-threatening
- Managed by **avoiding or limiting the food**



Listening to your experience

Does your community talk about food allergies?

- A. Yes, a lot
- B. Sometimes
- C. Very little
- D. I don't know



Cultural considerations



- **Food as a central part of our culture**
- In the Latino community, **food is more than nutrition**; it is connection, tradition, and celebration
- **Everyone should be informed if someone in the family has a food allergy**
- It is important to **offer safe alternatives**

Cultural considerations



- **Minimizing symptoms:** In many Latino cultures, symptoms may be viewed as “not so serious” or “a little won’t hurt”
- **Use of home remedies:** Some families turn first to traditional solutions before seeking medical care



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Cultural considerations



- **Traditional foods:** Many dishes include common allergens like milk, egg, shellfish, or nuts, making it harder to avoid allergens for the allergic patient

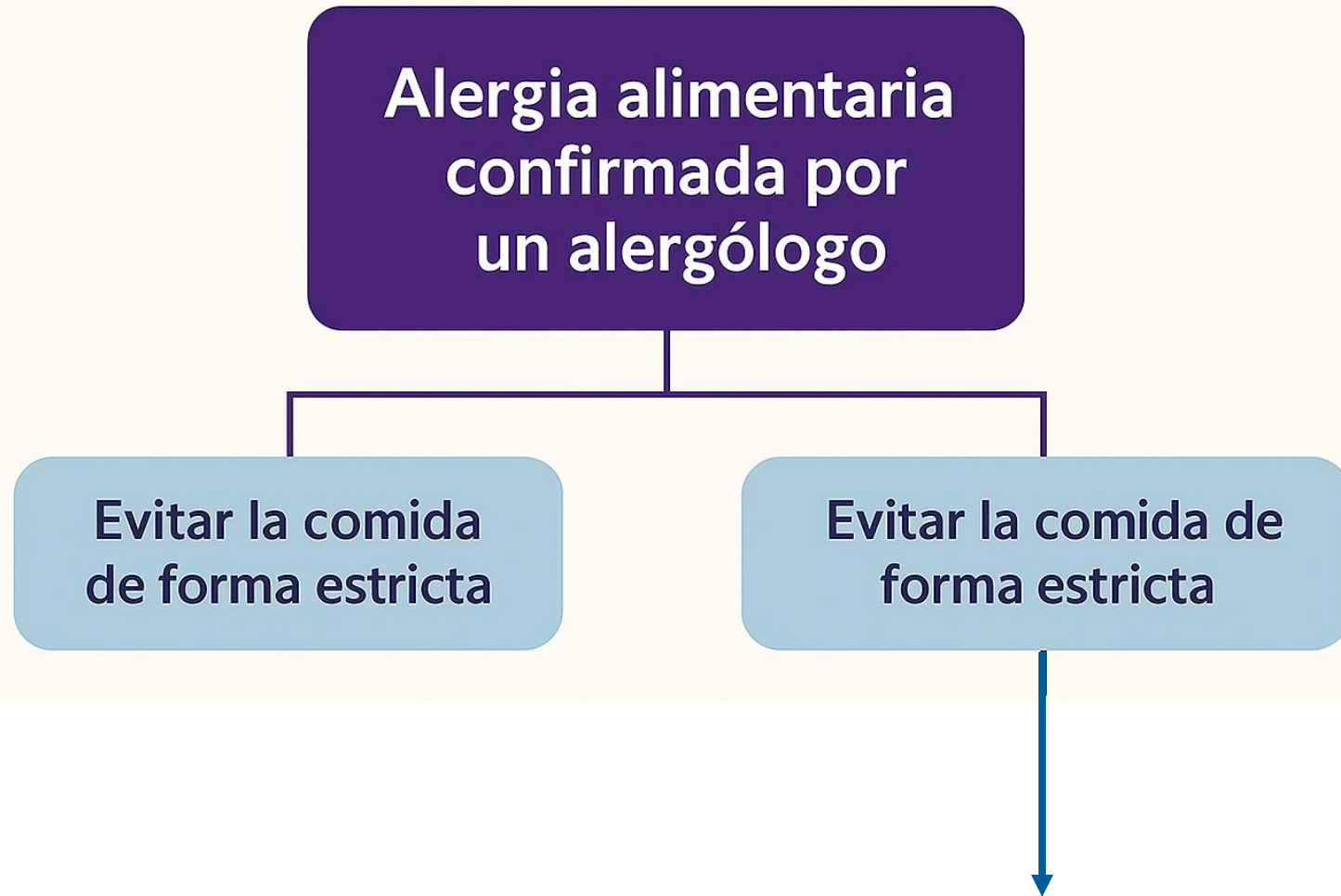


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How are food allergies treated?

Treatment



Treatment

Strict avoidance of the allergen + Omalizumab

- **Omalizumab** is a monoclonal antibody that blocks IgE and helps reduce sensitivity to accidental exposures.
- Omalizumab is **FDA-approved** for treating of **food allergy** in **pediatric and adult patients aged 1 year and older**, aiming to reduce **allergic reactions**, including **anaphylaxis**.

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Treatment



Strict avoidance of the allergen + Oral immunotherapy

- In this case, the patient **strictly avoids the food** while starting **oral immunotherapy (OIT)**.
- This treatment consists of administering gradually increasing small amounts of the allergen to **raise the reaction threshold** and reduce the risk of accidental exposures.
- The entire process must be **supervised by an allergist**.

Strict avoidance of the allergen

- **Do** not consume under any circumstances
- Read labels
- Prevent cross-**contamination**
- Prevent cross-**reactivity**
- Carry emergency **epinephrine**



What is cross-contamination?

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La contaminación cruzada ocurre cuando un alimento que no contiene un alérgeno como ingrediente se contamina con ese alérgeno por contacto directo o indirecto.



Se usan los mismos utensilios o superficies



Los alimentos se procesan en la misma máquina



Se almacenan alimentos con alérgenos cerca



Un cuidador o niño toca un alérgeno y luego otro alimento

Incluso pequeñas cantidades pueden provocar una reacción alérgica grave

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Strategies to prevent allergic reactions

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ALERTA DE ALERGIA ALIMENTARIA Atención: Cocinero/Chef

Tengo alergia a: _____

Esta es una alergia ¡no es mi preferencia! Si como incluso una pequeña cantidad de lo que me causa alergia, puedo tener una reacción alérgica de riesgo vital.

- Por favor asegúrese de que mi comida, incluidos el aceite, salsas, aliños y otros ingredientes no contengan ninguno de mis alérgenos.
- Por favor asegúrese de limpiar los utensilios, equipo y superficies antes de cocinar mi alimento.

¡Muchas gracias !

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- Por favor asegúrese de limpiar los utensilios, equipo y superficies antes de cocinar mi alimento.

¡Muchas gracias !

Red Alergia
& Asma

ALERTA DE ALERGIA ALIMENTARIA Atención: Cocinero Tengo alergia a: _____

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- Por favor asegúrese de que mi comida, incluidos el aceite, salsas, aliños y otros condimentos u otros ingredientes no contengan ninguno de mis alérgenos.
- Por favor asegúrese de limpiar los utensilios, equipo y superficies antes de cocinar mi alimento.

Muchas gracias!

Nombre: _____

Contacto de emergencia: _____



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What is cross-reactivity?

- **Cross-reactivity** occurs when the immune system **confuses similar proteins** found in different foods.
- This can cause an **allergic reaction to something you have never directly consumed**, but that is (*molecularly*) similar to another allergen to which you are already sensitized.
- It is important to ask your allergist about this possibility.

How to read food labels?

Labeling of allergy-causing ingredients:

- These are phrases indicating possible cross-contamination with allergens, such as:
 - "Contains"
 - "May contain"
 - "Manufactured in a facility that also processes..."
 - "Made on shared equipment with..."

What does the FALCPA say?

- It is the Food Allergen Labeling and Consumer Protection Act (FALCPA).
- FALCPA requires food packaging labels containing one of the "top 9 food allergens" to clearly state the allergen.
- It must appear in the ingredients list or in a "Contains" statement placed immediately after or next to the ingredients, or within the ingredients list.

What does the FDA say?

- Labels must be truthful, but there are no clear rules about when or how these warnings should be used.
- Each company decides whether to include the warning and the wording.
- Products with higher risk include chocolates (especially dark), nutrition bars, baking mixes, granola, candy, and ice cream.

What can you do?

- Read labels every time you buy products, as ingredients may change.
- **If in doubt, do not eat the product.**

Consult an allergist to know if you should avoid products with warnings.

What are the most important updates on food allergies in 2025?

Activation of emergency medical services (EMS)

New recommendations allow the patient to remain at home or on-site if:

- Symptoms **fully resolve** after epinephrine administration
- **Additional epinephrine** is available

This update is based on evidence showing that:

- Automatically calling EMS **does not reduce the risk** of a biphasic reaction
- It does not improve **clinical outcomes**
- It may **discourage** families from using epinephrine

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Are there new epinephrine devices?

Non-injectable devices for anaphylaxis treatment

- Intranasal (FDA-approved)
- Sublingual

Studies have shown that these devices **achieve comparable absorption levels to** traditional intramuscular epinephrine (syringe or autoinjector).

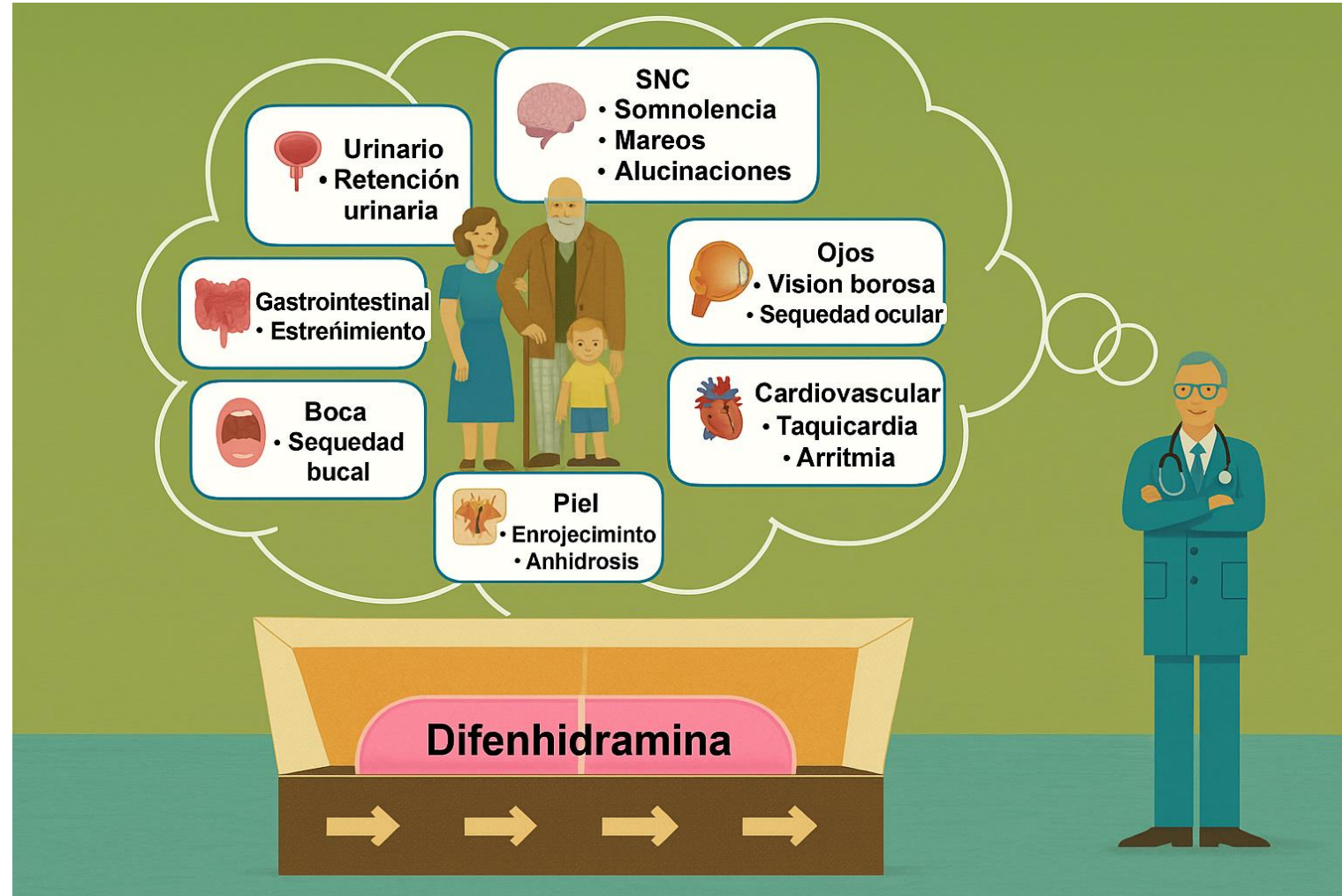
In **fall 2024, the FDA and the European Medicines Agency (EMA)** approved **the first intranasal epinephrine product.**

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Diphenhydramine in 2025



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Resources for you and your family



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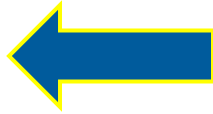


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Resources for you and your family

<https://acaai.org/espanol/>



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[Screenshot] (2025) <https://acaai.org/espanol/>

Resources for you and your family

<https://www.aaaai.org/tools-for-the-public/biblioteca-de-condiciones/biblioteca-de-alergia/folletos-sobre>



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Folletos sobre las etapas de la alergia alimentaria (Food Allergy Stages Handouts)

Final notes

- **Avoid foods that cause a reaction**
 - Know exactly which allergens affect your child and avoid any contact with them
- **Read labels before eating any food**
 - Always check the ingredient list
- **Be prepared in case of an allergic reaction**
 - Always carry **epinephrine** with you, and make sure that your child's caregivers know how to use it
- **Consult an allergist to discuss treatment**

Listening to your experience



Any questions?

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Thank you!



Juan Carlos Murillo, MD FACAAI FAAAAI

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